

Declaration and Power of Attorney

Attorney File: SYNE-S2400.2

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one named is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled DIAGNOSIS OF CANDIDIASIS AND CANDIDEMIA OR INVASIVE CANDIDA INFECTION, the specification of which is attached hereto.

X was filed on April 21, 2005, as Application Serial No. 10/532,042

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

| Prior Foreign Application(s) | <u>Priority Claimed</u> |
|------------------------------|-------------------------|
| <u>PCT/SE2003/001639</u> | <u>X</u> |
| (Number) | Country |
| | (Day/Month/Year Filed) |
| | Yes |
| | No |

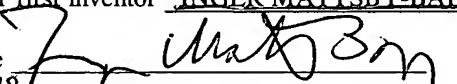
I hereby claim the benefit under Title 35, United States Code, 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Registrations, 156(a), which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

N/a
(Application Serial No.) (Filing Date) (Status)

I hereby appoint the following attorney to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, said attorney having full power of substitution and revocation: Lynn E. Barber, Reg. No. 31,734. Address all telephone calls to Lynn E. Barber (817) 361-7131. Address all correspondence to Lynn E. Barber, Post Office Box 16528, Fort Worth, TX 76162.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge and after having been warned that willful false statements, and the like, so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1-⁰⁰ Full name of sole or first inventor INGER MATTSSBY-BALTZER

Inventor's signature 
Date 2006-01-18
Residence Fortroligheten 23
Citizenship Sweden
Post Office Address 41270 Göteborg SEX

2-⁰⁰ Full name of second inventor NAHID KONDORI

Inventor's signature 
Date 2006-01-18
Residence Smedsbacken 9
Citizenship Sweden
Post Office Address 431 37 Molndal SEX

Rec'd PCT/PTO 06 FEB 2006

PTO/SB/96 (11-05)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Inger Mattsby-Baltzer

Application No./Patent No.: 10/532,042 Filed/Issue Date: April 21, 2005

Entitled: **DIAGNOSIS OF CANDIDIASIS AND CANDIDEMIA OR INVASIVE CANDIDA INFECTION**

Inger Mattsby-Baltzer, a Individual
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. the assignee of the entire right, title, and interest; or
2. an assignee of less than the entire right, title and interest
(The extent (by percentage) of its ownership interest is _____ %)

in the patent application/patent identified above by virtue of either:

A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: Nahid Kondori To: Inger Mattsby-Baltzer
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

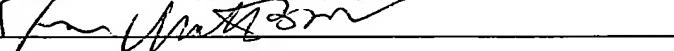
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.



Signature

Inger Mattsby-Baltzer

Printed or Typed Name

2005-01-18

Date

46-31-8424728

Telephone Number

Assignee

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Rec PCT/PTO 06 FEB 2006

PTO/SB/81 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|-------------------------------------|
| Application Number | 10/532,042 |
| Filing Date | April 21, 2005 |
| First Named Inventor | Inger Mattsby-Baltzer et al. |
| Title | Diagnosis of Candidiasis and Candi. |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | SYNE S2400.2 (new number) |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

24184

OR

Practitioner(s) named below:

| Name | Registration Number |
|----------------|---------------------|
| Lynn E. Barber | 31,734 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

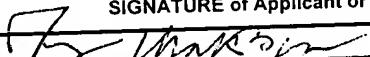
| | | | | | |
|-------------------------------------|-------------------------|----------------|-----------------|-----|-------|
| <input checked="" type="checkbox"/> | Firm or Individual Name | Lynn E. Barber | | | |
| Address | P.O. Box 16528 | | | | |
| City | Fort Worth | State | TX | Zip | 76162 |
| Country | US | | | | |
| Telephone | 817-361-7131 | Email | dalybar@aol.com | | |

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|---|-----------|-----------------|
| Signature |  | Date | 2006-01-18 |
| Name | Inger Mattsby-Baltzer | Telephone | +1-617-342-2728 |
| Title and Company | Assignee | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (04-05)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|------------------------|-------------------------------------|
| Application Number | 10/532,042 |
| Filing Date | April 21, 2005 |
| First Named Inventor | Inger Mattsby-Baltzer et al. |
| Title | Diagnosis of Candidiasis and Candi. |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | SYNE S2400.2 (new number) |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number:

OR

Practitioner(s) named below:

| Name | Registration Number |
|----------------|---------------------|
| Lynn E. Barber | 31,734 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

| | | | | |
|-------------------------------------|-------------------------|----------------|-----------------|-----|
| <input checked="" type="checkbox"/> | Firm or Individual Name | Lynn E. Barber | | |
| Address | P.O. Box 16528 | | | |
| City | Fort Worth | State | TX | Zip |
| Country | US | | | |
| Telephone | 817-361-7131 | Email | dalybar@aol.com | |

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-------------------|-----------------------|-----------|-----------------|
| Signature | | Date | 2006-01-18 |
| Name | Inger Mattsby-Baltzer | Telephone | +1-617-842-8728 |
| Title and Company | Assignee | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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1AP3 Rec'd PCT/PTR 06 FEB 2006

SN 10/532,042

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Attorney File: SYNE-S2400.2

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In reapplication of: Inger Mattsby-Baltzer et al.

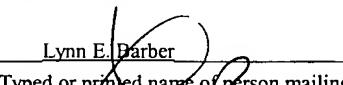
Filing Date: 04/21/2005 Serial No. 10/532,042

For: DIAGNOSIS OF CANDIDIASIS AND CANDIDEMIA OR INVASIVE CANDIDA
INFECTON

Express Mail mailing label no. EQ167561495US

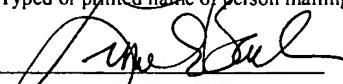
Date of Deposit February 6, 2006

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop Missing Parts, Commissioner for Patents, Box 1450, Alexandria, VA 22313-1450



Lynn E. Barber

Typed or printed name of person mailing paper or fee



Signature of person mailing label or fee

**SUBMISSION OF POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS
INDICATION FORM AND STATEMENT UNDER 37 CFR 3.73**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Attached hereto are: 1) POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM in which the undersigned attorney is appointed for the above-referenced patent application, and 2) a STATEMENT UNDER 37 CFR 3.73.

Respectfully submitted,



Lynn E. Barber
Attorney for Applicants
Registration No. 31,734
P.O. Box 16528, Fort Worth, TX 76162
Phone (817) 361-7131; Fax (817) 361-9505



UNITED STATES PATENT AND TRADEMARK OFFICE

#10

UNITED STATES DEPARTMENT OF COMMERCE
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Alexandria, Virginia 22313-1450
www.uspto.gov

| APPLICATION NUMBER | FILING OR 371 (c) DATE | FIRST NAMED APPLICANT | ATTY. DOCKET NO./TITLE |
|--------------------|------------------------|-----------------------|------------------------|
| 10/532,042 | 04/21/2005 | Inger Mattsby-Baltzer | 003301-228 |

CONFIRMATION NO. 5887



OC000000018539949

24184
LYNN E BARBER
P O BOX 16528
FORT WORTH, TX 76162

Date Mailed: 04/14/2006

NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 02/06/2006.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

BARBARA A CAMPBELL
PCT (703) 308-9140

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UNITED STATES PATENT AND TRADEMARK OFFICE

#9

UNITED STATES DEPARTMENT OF COMMERCE
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| APPLICATION NUMBER | FILING OR 371 (c) DATE | FIRST NAMED APPLICANT | ATTY. DOCKET NO./TITLE |
|--------------------|------------------------|-----------------------|------------------------|
| 10/532,042 | 04/21/2005 | Inger Mattsby-Baltzer | 003301-228 |

CONFIRMATION NO. 5887

21839
BUCHANAN INGERSOLL PC
(INCLUDING BURNS, DOANE, SWECKER & MATHIS)
POST OFFICE BOX 1404
ALEXANDRIA, VA 22313-1404



OC000000018539931

Date Mailed: 04/14/2006

NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 02/06/2006.

- The Power of Attorney to you in this application has been revoked by the applicant. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

BARBARA A CAMPBELL
PCT (703) 308-9140

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